

"It will probably be quite a number of years before every room in a house will be equipped with radio, but many homes have two receivers. Others, while they do not have more than one receiver, do have one or more extra loudspeakers connected with their set.

"The — Company has made provision for these extra loudspeakers not only in connection with its table model receivers, but even in conjunction with its console models employing built-in reproducers. This unusual provision has opened a field of wider usefulness for the radio receiver. One can now get radio reception any place in the house desired, and does not need to be confined to the immediate vicinity of the set."

**Letter in Correspondence Column.**—Dr. J. M. Neil of Oakland has sent a letter to the Council, which is printed in the Correspondence column of this issue. Doctor Neil's discussion of some economic problems should be of interest to members of the California Medical Association.

## CORRESPONDENCE \*

### Subject of Following Letter: Economic Interests of the Medical Profession

Oakland, California,  
December 16, 1929.

The Editors,  
California and Western Medicine:

It is gratifying to see that the California Medical Association is coming to a discussion of the economic problems of its members. For too many years we have made this vital phase of medical life taboo. Undoubtedly the bulk of the profession much prefers to look only at the humanitarian side of practice, but unfortunately, or fortunately, very few are financially able to be philanthropists. It is common sense then that we should have a commercial as well as a scientific organization, and this is a far cry from commercialization of medicine.

We are all cognizant of the dissatisfaction that exists among the laity with present-day medical costs, at the same time we know that a large part of this unrest results from faulty education. For the past few years numerous articles have appeared in lay magazines and newspapers setting forth the excessive costs of medical care. Any newspaper, usually without any consideration of the facts, feels free to tell its readers that the cost is excessive and that good medicine is beyond the pocketbook of the average wage-earner. This little formula has been so well sold to the public that most any patient will tell you that only two classes of society obtain first-class medical care: the very poor and the very rich. We who constitute the rank and file of the profession know that this criticism is unjust.

The same newspaper that promulgates these dogmas does not hesitate for one moment to tell that same wage-earner in large advertisements and accompanying news articles that radios are good values from \$100 to \$500; nor does it hesitate to point out that the set of last year is obsolete and should be traded in at one-twentieth of its previous sale price. How many physicians have ever seen any effort on the part of our sources of general information to give the public any idea of the monetary value of medical service; almost without exception such articles as appear are generalizations, and these decry the mounting costs of present-day medicine. There is no fair comparison, say, between the cost of an up-to-date radio at \$300 and a major operation that saves a patient's life; nor is any effort made to point out the economic value of good health. One of the shortcomings of medical statistics is that it keeps no mor-

bidity tables. Most any text on medicine gives in detail the mortality rates of any specific disease, but one looks in vain for any idea of the percentage of cripples that follow in its wake. It is easy to understand this situation because the physician's prime motive is to preserve life, and this has focused our attention on death. From an economic standpoint, the person who has ceased to exist is no longer an economic entity; but the cripple with 50 per cent efficiency is a vital factor in the human machine. It has been our shortcoming in the past that we have failed to stress such considerations. We have not made the public health-conscious, and in failing to do so we are faced in 1930 with a public having only a monetary standard of values and no corresponding valuations for medical services.

Nor is the public alone in this matter for, because of a scale of prices graduated to the patient's financial ability, each patient becomes for the physician an economic as well as a medical problem. But where is the physician to turn for information that will help him determine the real value of his services to his patient. How is he to know, except by chance conversation with other physicians, what moral support he can reasonably expect from the profession as a whole of any fee he may ask. Truly this is a peculiar state of affairs: under the code of ethics we are expected to be gentlemanly rivals of our brother practitioners, we are asked to conduct ourselves that we cast no reflection on the previous physician the patient employed, but as to the largest factor that the American public uses to gauge the value of anything, the factor of cost in dollars and cents, our present organization leaves us in a quandary. The importance of this lack of coordination in medical economics cannot be overestimated in the production of jealousy within the ranks of the profession; nor can the importance of the concomitant failure on the part of the profession to present a solid front to the public at large be overlooked in any analysis of the present urge for socialized medicine. Our inability to definitely answer for the individual the question of the worth of any medical service immediately puts us in an arbitrary position, the universal psychological response to which is antagonism. If we try to justify our position by explaining to the patient that such is the common practice, we get only pity for ourselves and a transference of the antagonism to the profession as a whole.

The present industrial accident situation is also making for unrest among the public. The fee the physician receives for this class of work is rapidly becoming a basis for comparison, and because it is a concrete monetary standard (again the dollars and cents!) patients in private practice are asking and those not asking are wondering, why it is a doctor can have one set of charges for individuals and another for a corporation. Initially those not doing this class of work felt they could ignore the situation, but we find only too soon that we cannot ignore any practice that puts us on an economically competitive basis with other licensed men. It is a factor making for centralized control of medicine, and soon we will recognize it as such. The answer that the physician is at liberty to show that his services are worth more than the scale, anticipates that he cannot afford the time or the money to prove his point; but even if he did it would not remove the existing psychology.

Other factors are rapidly preparing the public for lay control of medicine. Anyone reading the advertisements of the large insurance companies; anyone listening to the arguments of the insurance agents in behalf of health insurance; anyone thinking about the possibilities and the basic psychology of the periodic health examinations by insurance companies cannot but be struck with the underlying program. The public is gradually being taught to look to these organizations in health matters, and whether or no there is an ultimate intention on the part of these agencies to take over the control of medicine is beside the point that public support is being weaned away from the medical profession. In theory it is all right

\* California and Western Medicine in printing letters in the Correspondence column does so without committing the California Medical Association or the journal to any issues that are discussed, and prints such communications without prejudice.

for us to maintain that we are not interested in material things; but as a matter of self-preservation we must be interested in power, and in 1929 power is represented by wealth. It is folly for us to even attempt to maintain that we can make scientific progress; each case offers its own peculiar problem and its own opportunity for generalization.

In the December issue of CALIFORNIA AND WESTERN MEDICINE is an article on the achievements of the Rockefeller Institute, all made possible only because of the wealth of that agency. If medicine is to give to coming generations all that it is possible for medicine to give, then it must remain in the hands of the medical men, and not become the tool of some private group. Medicine stands today alone as the one remaining vestige of a government built on individual effort and ideals, but economic coordination is vital if we are to maintain control of our heritage. Each and every time we have conceded to some political group functions that the individual at one time carried out, just so often has medicine lost and the politicians been presented with another source of patronage. Each year the sphere of the private doctor becomes smaller, not because our usefulness for scientific application is less, for we have more to offer now than ever before, but because our economic control of our charity puts the private doctor in the untenable position of being in competition with charitable institutions, with an ever increasing general educational program that justifies the patient in seeking free medical care.

This is not a criticism of our social service agencies, but it is a realization of our lack of appreciation of the public psychology. If there were only one method of entrance of patients into such institutions, that of recommendation of the patient's own physician, we would create in the public a moral obligation to the professions and not a political organization for some political climber who is willing to sell not alone his integrity but our charitable impulse to further his ambitions. I am sure that the statement may be safely made that the man practicing under the present system who has not had public institutions take away patients who are able to meet their obligations were they willing to sacrifice the radio or some other nonessential is the exception; and the man who has not had other patients much better fixed financially, receive care because of political pull has not been in practice very long.

Socialized medicine may come, and if it does come it will be because we have refused to effect an economic organization. If it comes under present existing political conditions it will be a failure, as it has been elsewhere, because no socialized system can function side by side with an economic system founded on the predatory instinct. Medicine faces a crisis, but in that crisis is opportunity, opportunity for socialization of medicine within itself, opportunity for service not alone to the human, but opportunity for service to the body politic. Any program to forestall political control of medicine must be grounded on an economic basis, must put back into the hands of the men most vitally interested in medicine the control of medicine, must be thoroughly socialized within itself, with safeguards to guarantee professional and economic independence.

Yours truly,  
J. M. NEIL, M. D.

**Subject of Following Letter: Federal Laws Regarding Pilot Licenses in Aeronautics**

Department of Commerce  
Aeronautics Branch  
Washington

December 21, 1929.

The Editors,  
California and Western Medicine:

The attached resolutions were passed by the American Medical Association at its stated assembly held at Portland, Oregon, in July, 1929. It is believed that these resolutions are of sufficient interest, in view of

the rapidly increasing number of physicians designated as medical examiners, to warrant publication in your journal.

You may be interested to know that all applicants for federal pilot licenses, either for flying or for training as pilots, must pass physical examinations before physicians designated by the Secretary of Commerce. They must likewise be reexamined periodically. These examinations cover a rather detailed examination of the eyes, a brief examination of the ears, nose and throat, equilibrium, a general physical examination, and a detailed examination of the nervous system. There are now about seven hundred and fifty medical examiners so designated throughout the country. All these examinations are reviewed in Washington, where the applicant is finally certified as qualified or disqualified for the grade for which he has applied.

Very truly yours,

L. H. BAUER, M. D.  
Medical Director.

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Whereas, The Aeronautics Branch, Department of Commerce, has organized a medical service for the physical examinations of civil pilots and prospective pilots, in the interests of safety; and

Whereas, The physical standards adopted are in keeping with those adopted universally, and have reduced aircraft accidents from physical causes to a minimum; and

Whereas, The department has required these examinations to be made only by designated physicians in the interest of uniformity and control and in accordance with the custom adopted for the Army and Navy and in other countries; and

Whereas, The selection of examining physicians by the department has been based on training as flight surgeons or its equivalent, or on group examinations by specialists, a high standard of examination has resulted; and

Whereas, The department requires that all examiners hold the degree of Doctor of Medicine, be licensed to practice medicine under the laws of their respective states, and further requires that the appointees be recognized as ethical practitioners in their respective localities, thereby supporting the high standards advocated by this association, be it

Resolved, That the American Medical Association at its stated assembly in 1929 endorses the medical work of the Department of Commerce, its methods of physical examination and its method of selection of medical examiners, and urges that the same high standards be continued and offers the support of the American Medical Association in furthering the specialty of aviation medicine; and be it further

Resolved, That a copy of this resolution be sent to the President of the United States, the Secretary of Commerce, and the secretary of each state medical society.

## DESCARTES WAS RIGHT \*

By HARRY M. HALL, M. D.  
Wheeling, W. Va.

*If ever the human race is raised to its highest practicable level intellectually, morally and physically, the science of medicine will perform that service.*—RENÉ DESCARTES.

René Descartes, the French philosopher, was born in 1596 and died in 1650. Copernicus, Vesalius, and Chamberlen, the discoverer of obstetrical forceps, flourished about the same period. The great names of that era were a brilliant galaxy, destined for deathless fame, but it is doubtful if Descartes looked out on an impressive medical profession. It is quite impossi-

\* This is a paper which was read at the annual conference of secretaries and editors of constituent state medical associations held at Chicago, November 15-16, 1929, and printed in the American Medical Association Bulletin.